



**PROPERTY OWNER AND/OR TAXPAYER  
CHANGE OF ADDRESS FORM**

**COPY OF DRIVERS' LICENSE OR IDENTIFICATION CARD REQUIRED**

Parcel ID: \_\_\_\_\_ Property Address: \_\_\_\_\_

**PRINT PROPERTY OWNER INFORMATION BELOW:**

Owner First Name

M.I.

Last Name

Mailing Address

City

State

ZIP Code

Telephone Number

**IF TAX BILL SHOULD BE SENT TO OTHER THAN OWNER,  
PRINT INFORMATION OF PERSON TO RECEIVE BILL BELOW:**

Taxpayer First Name

M.I.

Last Name

Mailing Address

City

State

ZIP Code

**SIGNATURE OF PERSON AUTHORIZING CHANGE (REQUIRED)**

**PRINT NAME HERE**

**FOR OFFICE USE ONLY:**

Date Received:

Change Made By:

VERIFICATION ATTACHED: ☐ Deed ☐ Probate/POA ☐ State ID/Driver's License ☐ Other \_\_\_\_\_

**Mike Duggan, Mayor**